

Center Name: ABC Learning CenterCenter Phone Number: 770-123-4567Date of Field Trip 8/29/12 Departure Time 9:00 AM/PM Estimated Return Time 1:30 AM/PM

Identifying information regarding trip. Ensure complete

Field Trip Location Memorial Library Address (Street, City, Zip Code) 1234 Peachtree Street, Atlanta, Georgia 30034Name of Driver Betty Smith Name of Staff Person Responsible for Checklist Tara Ross

Person on vehicle responsible for checklist

Vehicle Tag Number APK178 Vehicle has child safety alarm device YES ✓ NONames of Other Adults Attending Trip  
Shamonica Warren

Alarm designation

**IF YOUR CHILD HAS PERMISSION TO ATTEND THIS FIELD TRIP, PLEASE SIGN AND DATE BELOW.**

Restraint Types: Seatbelt = S, Car Seat = C, Booster = B

Load and unload times and initials verifying times

**NOTE ALL DEPARTURE/ARRIVAL TIMES AND INITIAL BELOW. THEN CHECK ON AND OFF FOR EACH CHILD.**

IF YOUR CHILD HAS PERMISSION TO ATTEND THIS FIELD TRIP, PLEASE SIGN AND DATE BELOW.			NOTE ALL DEPARTURE/ARRIVAL TIMES AND INITIAL BELOW. THEN CHECK ON AND OFF FOR EACH CHILD.						
Restraint Types: Seatbelt = S, Car Seat = C, Booster = B			Times	9:00	9:30	1:00	1:30		
			Initials	<u>AM</u> PM	<u>AM</u> PM	AM <u>PM</u>	AM <u>PM</u>	AM / PM	AM / PM
Child's First & Last Name	Parent's Signature	Date	Restraint Type	TR ON	TR OFF	TR ON	TR OFF	ON	OFF
Bobbie Mitchell	<i>Barbara Mitchell</i>	8/26/11		✓	✓	✓	✓		
Leslie Warren	<i>Cassandra Warren</i>	8/26/11		✓	✓	✓	✓		
Rachel Thorton	<i>Kristie Thorton</i>	8/27/11		✓	✓	✓	✓		
Riley Thorton	<i>Kristie Thorton</i>	8/27/11		✓	✓	✓	✓		
Jessica Barber	<i>Marilyn Barber</i>	8/29/11		A	A	A	A		
Justin Register	<i>Lauren Register</i>	8/29/11		✓	✓	A	A	(Went home	with parent)
<b>FIRST CHECK: SIGNATURE OF STAFF PERSON ON VEHICLE VERIFYING VEHICLE CHECKED AND NO CHILD LEFT ON VEHICLE AT EACH STOP</b>				<i>Tara Ross</i>	1	<i>Tara Ross</i>	2		
<b>SECOND CHECK: SIGNATURE OF STAFF PERSON NOT ON THE VEHICLE VERIFYING VEHICLE CHECKED AND NO CHILD LEFT ON VEHICLE</b>						<i>Patsy Collins</i>	2		
<b>IF APPLICABLE: SIGNATURE OF STAFF PERSON WHO REPORTED BY PHONE TO THE DESIGNATED PERSON THAT VEHICLE WAS CHECKED AND NO CHILD WAS LEFT ON VEHICLE.</b>				<i>Tara Ross</i>	1				
NAME OF PERSON REPORTED TO:				1. Patsy Collins 2. <u>                    </u> 3. <u>                    </u>		<b>NAME OF PERSON CHECKLIST TURNED IN TO:</b>		Patsy Collins	

Transported children listed here (first and last names)

Parent signature and date

Check on and off of vehicle here. Make sure nothing is left blank. Indicate notes if need be.

Signature of person responsible conducting check of vehicle each time children are unloaded. Alarm on vehicle requires staff person to turn off at back of vehicle.

If no alarm on vehicle, signature of person **not** on vehicle who checks to ensure all children are off upon return to the center

Identified person to whom checklist is turned in to

Signature of staff person who calls to report that all children are verified off of vehicle. This is used when Director or designated staff person are not available or present to turn paperwork in to.

Person reported to

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